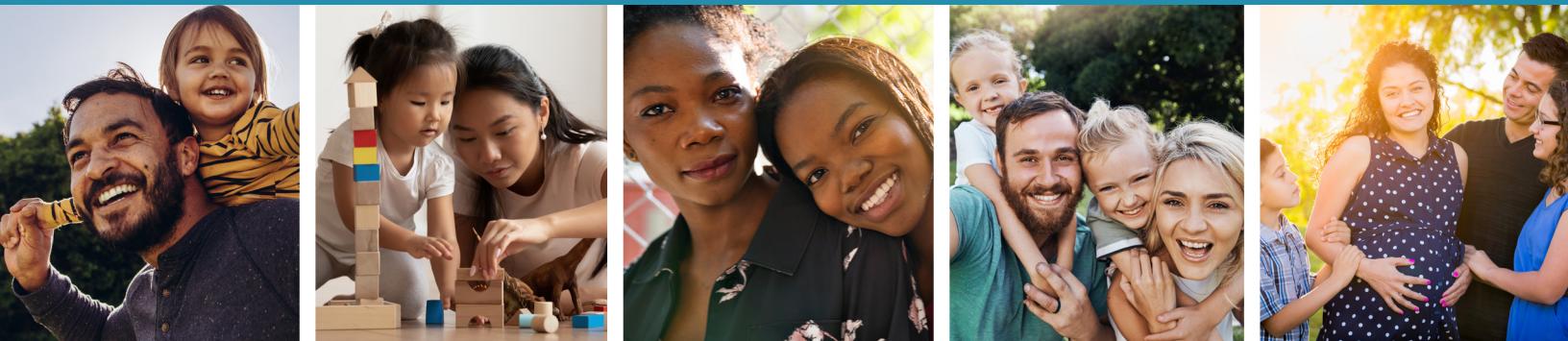




NAVIGATING THE COMPLEXITIES OF CANNABIS USE AMONG PARENTS AND ADOLESCENTS IN CHILD WELFARE SERVICES



The evolving state laws and messaging related to cannabis create challenges for professionals working with children, adolescents, parents, and their family members. Professionals working in child welfare services, substance use disorder (SUD) treatment, courts, health care, and other family-serving agencies need current and accurate information and resources to guide their work with families.

The National Center on Substance Abuse and Child Welfare ([NCSACW](#)) created this four-part tip sheet series for child welfare, SUD treatment, court, and health care professionals to provide an overview of cannabis use, and its effects during the prenatal period, in the home environment, and on adolescent development.

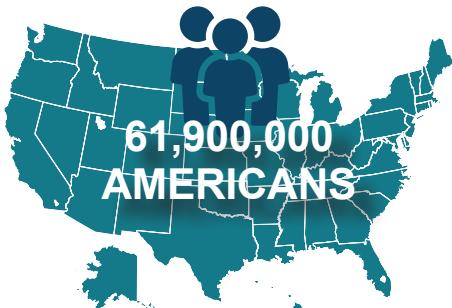
- **[Tip Sheet 1—Navigating the Complexities of Cannabis Use Among Parents and Adolescents in Child Welfare Services](#)** offers a broad overview for all professionals working with children, parents, and their family members. Details include the shifting legal landscape of cannabis in states, how cannabis use affects families, and practice considerations for professionals.
- **[Tip Sheet 2—Cannabis Use During Pregnancy: What Professionals Working with Pregnant Women Need to Know](#)** provides information about the effects of cannabis use on fetal and neonatal health, how to develop a Plan of Safe Care (POSC), and offers approaches to responding to prenatal use.
- **[Tip Sheet 3—Cannabis Use: Considerations for Professionals Working with Children, Adolescents, Parents, and Other Family Members Involved in Child Welfare and the Courts](#)** outlines environmental safety and risk concerns for children and adolescents when parents or caregivers use cannabis. Tips include strategies and approaches professionals can use to mitigate risk and build parental capacity.
- **[Tip Sheet 4—Cannabis and Youth Involved in the Child Welfare System](#)** describes the risk of cannabis use on adolescent development and provides strategies to engage youth who are at risk of or involved with the child welfare system and using cannabis.

NCSACW recommend readers of this series start with Tip Sheet 1, which provides foundational and essential information relevant to the others. After reviewing Tip Sheet 1, readers may go through Tip Sheets 2-4 independently since they focus on specific populations and are designed for professionals working with those populations.

Background

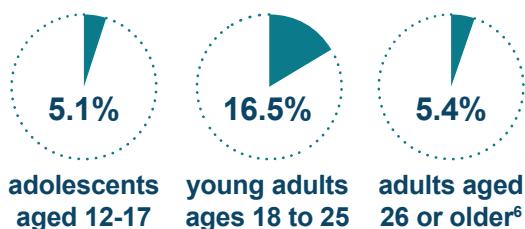
Cannabis remains the most used illegal drug in the U.S.; 22% of Americans, or 61.9 million people, used it at least once in 2022. Researchers found that in 2022, “6.7% or 19 million people had a marijuana use disorder in the past year.”³

Cannabis use trends continue to shift as the views people hold about cannabis change. There are varying perceptions about the dangers of marijuana use even though there are known negative and long-term effects, particularly for pregnant women and adolescents.⁴ Contributing to these effects is that the marijuana available today is more potent than ever, has a stronger effect on the brain, and leads to higher rates of dependency.⁵ The combination of increased potency and accessibility of cannabis creates the potential for increased harm to children, parents, and their family members. The Substance Abuse and Mental Health Services Administration (SAMHSA) developed [Know the Risks of Marijuana](#) to describe the associated risks of marijuana use.



Used Cannabis in 2022

The population of persons with marijuana use disorder varies by age:



Is marijuana the same thing as cannabis?

People often use the words “cannabis” and “marijuana” interchangeably, but they do not mean the same thing.

- “Cannabis” refers to all products derived from the plant *Cannabis sativa*. The cannabis plants contain about 540 chemical substances.
- “Marijuana” refers to parts of or products from the plant *Cannabis sativa* that contain substantial amounts of tetrahydrocannabinol (THC). THC is primarily responsible for the “high” in that it produces the effects of marijuana on a person’s mental state. Some cannabis plants contain very little THC and federal law considers these plants “industrial hemp” rather than marijuana.
- “Cannabinoids” are a group of substances found in the cannabis plant.

We use the term “cannabis” to refer to all products from the plant *Cannabis sativa*.^{1*}

Certain states have adopted the term “cannabis” in their policies or code:

- Minnesota: Department of Health uses the term cannabis because “*The use of stigmatizing language and negative attitudes about substance use can adversely impact all aspects of an individual’s life, including health care quality and outcomes.*”²

What is Cannabis Use Disorder?

Cannabis use disorder (CUD), as defined by the American Psychiatric Association (APA), “is a problematic pattern of cannabis use leading to clinically significant impairment or distress.”⁷

of those who use cannabis may develop CUD⁸

CUD is categorized as mild, moderate, or severe, depending on the number of symptoms a person meets in the Diagnostic and Statistical Manual of Mental Disorders 5-TR (DSM 5-TR).

*The term “marijuana” is used if the cited source specifically uses the term.



Youths who start to use cannabis before age 18 are

4 to 7 Xs

more likely to develop a CUD than those who begin as adults.¹¹

Marijuana can be:⁹

Smoked | Vaped | Mixed or infused with food or drinks & ingested | Inhaled

The modes of marijuana use can produce different effects. For example, consuming an edible can have a delayed effect that can lead to a person consuming more of the edible and increasing the risk of overdose or poisoning.¹⁰

Cannabis: Medicinal and Recreational Use

Cannabis is illegal under federal law and the Drug Enforcement Administration (DEA) classifies cannabis as a Schedule I controlled substance. Schedule I drugs are those with no currently accepted medical use and high potential for abuse.¹² There have been discussions in Congress and federal agencies regarding a reevaluation of cannabis' [classification](#). However, there has been no reclassification as of early 2024.

Many states have legalized cannabis for medicinal or recreational use. The National Conference of State Legislators [State Medical Cannabis Laws](#) highlights a map of state-regulated medicinal and recreational cannabis programs.



- Thirty-eight states, Guam, the Northern Mariana Islands, Puerto Rico, and the District of Columbia legally recognize *medicinal* use of cannabis products.
- Twenty-four states, the District of Columbia, Guam, and the Northern Mariana Islands have enacted laws allowing the *recreational* use of marijuana.¹⁴

As a Schedule I controlled substance per federal law, cannabis cannot be prescribed by physicians or other licensed medical professionals, rather, a “recommendation” or “referral” is made, consistent with state law.

Because state cannabis laws vary significantly it is critical that professionals working with children, adolescents, parents, and families not only know their specific state laws, but also understand if and why a parent is using medicinal or recreational cannabis even if it is obtained legally in accordance with state law. This information can assist in determining whether there are any safety or risk concerns for children and adolescents when a parent is using cannabis.

Understanding How Cannabis Use Can Affect Families

Cannabis use affects a family when a family member (e.g., adolescent, parent, other caregiver) has or is at risk of developing a CUD. This includes individuals who already have a CUD diagnosis as well as those using cannabis in a manner, situation, amount, or frequency that can have negative consequences for themselves or to those around them. Cannabis use can affect a person's ability to fulfill their responsibilities at work, school, or home; increase withdrawal from social situations; and cause or exacerbate social or interpersonal problems. Family therapy, family member [support groups](#)—using a family-centered approach—can offer support to each family member during the treatment and recovery process while also meeting their unique needs.¹⁵

Practice Considerations for Child Welfare Workers, SUD Treatment Providers, Court Professionals, and Health Care Providers

-  1. Provide factual unbiased educational materials about cannabis use, potential risks, and the effects on individuals and their families. This information could include medicinal and recreational use. The National Institute on Drug Abuse's [Cannabis \(Marijuana\) Drug Facts](#) provides additional information about cannabis and its effects.
-  2. Use a strengths-based perspective and focus on what is going well to engage adolescents and parents. Avoid [stigmatizing](#) language. [Motivational Interviewing: A Primer for Child Welfare Professionals](#) provides an overview of motivational interviewing as a strategy to engage individuals. The use of person-first, strengths-based language puts the person before any diagnosis and focuses on their innate capabilities; it helps reduce stigma and bias associated with substance use.
-  3. Ensure access to treatment. Lack of a consistent screening policy can affect how a person is identified as being at risk of or having a CUD. Implement a [universal screening approach](#) to identify and refer adolescents and parents to treatment services. Using a standardized screening tool with all adolescents and parents helps mitigate bias surrounding substance use disorders.¹⁶
-  4. [Collaborate and coordinate](#) with cross-system partners including SUD treatment, child welfare, court professionals, health care providers, and all other agencies serving children, adolescents, parents, and their families. Cross-system collaboration and coordination can improve access to services and ensure collaborative case planning.
-  5. Use [family-centered interventions](#) and services. Ensure all family members are active participants in the planning and implementation of services.

Professionals working with children, adolescents, parents, and their family members can improve their practice by gaining an understanding of CUD, state laws, and the various effects cannabis has on family members. For information on cannabis use during pregnancy, please see [Tip Sheet #2—Cannabis Use During Pregnancy: What Professionals Working with Pregnant Women Need to Know](#).

NCSACW RESOURCES

- [Module 5: Frontline Collaborative Efforts: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs](#) of the Building Collaborative Capacity series provides an overview of the screening tools and processes agencies can use to identify parental substance use disorders.
- [Understanding Substance Use Disorders: What Child Welfare Staff Need to Know](#) highlights practice considerations for child welfare professionals to learn more about SUDs when working with families.
- [Understanding Screening and Assessment of Substance Use Disorders: Child Welfare Practice Tips](#) provides tips on recognizing the signs and symptoms of SUDs while educating professionals on screening and assessment strategies.
- [Child Welfare & Planning for Safety: A Collaborative Approach for Families with Parental Substance Use Disorders and Child Welfare Involvement](#) provides an overview of safety factors related to parental SUDs and the unique considerations when planning for safety.

ADDITIONAL RESOURCES

- [SAMHSA's](#) website offers comprehensive information about treatment for SUDs and mental health.
- [U.S. Surgeon General's Advisory on Cannabis Use and the Developing Brain](#) provides an overview on cannabis and marijuana use during pregnancy and adolescence with resources for parents and adolescents.
- [FindTreatment.gov](#) is a confidential and anonymous source of information for persons seeking treatment facilities in the U.S. and U.S. Territories for mental and substance use disorders.

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CONTACT US

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